
LOS ANGELES COUNTY

Commission ON HIV HEALTH SERVICES

600 South Commonwealth Avenue, 6th Floor • Los Angeles, CA 90005 • TEL 213.351.8127 • FAX 213.738.9371

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Committee members.

*Only members of the Commission on HIV Health Services are accorded voting privileges,
thus Commissioners who have not signed in cannot vote.*

COMMISSION MEETING MINUTES July 10, 2003

APPROVED 9/11/03

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT	OTHERS PRESENT (cont.)
Al Ballesteros, <i>Co-Chair</i>	Richard Corian	Charlene Abe	Jan Morrison
Nettie DeAugustine, <i>Co-Chair</i>	Nancy Eugenio	Jhony Acosta	Demetri Moshoyannis
Adrian Aguilar	Alexander Gonzales (E)	Ruben Acosta	Kate Nelson
Carla Bailey	Charles Henry (E)	Hoover Ancheta	Cathy Olufs
Carrie Broadus	Anna Long (E)	Jeff Bailey	Katrina Rogers
Robert Butler	Mary Lucey	John Banks	Walter Senterfitt
John Caranto	Dana Pierce-Hedge (E)	MJ Blackman	Samuel Spice
Ruth Davis	Alexis Rivera	Robert Blue	James Stewart
Richard Eastman		James Boyd	Louise Trone
Whitney Engeran		Gordon Bunch	Violet Varona-Lukens
Gunther Freehill	OAPP STAFF PRESENT	Diane Burbie	Doris Wahl
John Griggs	Libby Boyce	William Buycks	Orenda Warren
Marc Hauptert	Ernesto Enriquez	Charles Carter	Kathy Watt
Howard Jacobs	Maxine Franklin	Angelica Coyne	Patricia Woody
Rebecca Johnson-Heath	Patricia Gibson	Julie Covenas	
Wilbert Jordan	Jane Nachazel	D. Cummings	
Marcy Kaplan	Gabriel Rodriguez	C.J. Derby	
Bradley Land	Martha Teresa Ruiz	Steve Erickson	
Mike Lewis	Rene Seidel	Marcy Fenton	
Andrew Ma	Angelica Solis	Denice Fernandez	
Elizabeth Marte	Lynda Steele	Michael Gray	
Edric Mendia	Diana Vasquez	David Guigni	
Vicky Ortega	Craig Vincent-Jones	Thomas Halstead	
John Palomo	Cheryl Williams	Miki Jackson	
Chris Perry	Juhua Wu	Elliot Johnson	
Paul Scott/ Richard Hamilton		Linda Johnson	
Fontaine Shockley		Jennifer Karcher	
Vanessa Talamantes		John Kirby	
Kevin Van Vreede		Maxine Liggins	
Fariba Younai		Victor Martinez	
Rodolfo Zamudio		R. Leon Mathews	

I. **CALL TO ORDER:** Ms. DeAugustine called the meeting to order at 9:15 a.m.

II. **APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda without objection.

MOTION #2: Limit individual comment time for duration of the meeting to one minute per comment per person.
(*Passed without objection*).

III. **APPROVAL OF MEETING MINUTES:**

MOTION #3: Approve the minutes from the June 12, 2003 Commission meeting with changes to comments made by Dr. Clavreul on page 14. (*Passed without objection*)

IV. **PARLIAMENTARY TRAINING:** Mr. Stewart, Parliamentarian, reviewed procedures for meeting as a Committee of the Whole and amending motions.

V. **CO-CHAIR'S REPORT:**

- ***Commission Transition to the Executive Office:*** After noting that the Commission comes under the purview of the Executive Office as of July 1, 2003, Ms. DeAugustine introduced Executive Officer Violet Varona-Lukens, who introduced members of her department (Charlene Abe, Jhony Acosta, Steve Erickson and Katrina Rogers) and explained how the Executive Office would provide staff support for the Commission.
- ***Executive Committee At-Large Election:*** Mr. Palomo withdrew from nomination in the election for At-Large Member of the Executive Committee.

MOTION #4: Approve the election of Howard Jacobs as At-Large Member of the Executive Committee. *(Passed without objection.)*

- X. **OAPP REPORT:** After reporting on Mr. Henry's medical leave, Mr. Freehill announced that OAPP has released a number of RFPs and posted them on the website: legal services, child care, food services, peer support and language services.

Regarding the federal budget, Mr. Freehill reported that the U.S. Senate Health and Education Committee "marked up" CARE Act funding, including a \$38 million increase for the ADAP program. He went on to say that since the State hadn't adopted a budget, State funding for the ADAP genotype and phenotype testing vouchers had stopped as of July 1, 2003. OAPP has authorized contractors to shift funds to pay for viral load testing. He added that it might be an issue that could impact the priority- and allocation-setting process and/or decisions. Commissioners continued to discuss funding for the viral load resistance testing.

- VIII. **RECESS:** The Commission recessed.

VII. **COMMITTEE OF THE WHOLE:**

- ***Planning Body Membership Recommendations:*** After explaining ground rules for respectful and effective discussion and debate, Ms. Burbie indicated that the Commission would be discussing whether to vote on Motions 5a (to endorse having a single planning body) or 5b (to reject the concept of a single planning body in favor of two planning bodies). She encouraged full participation of all members of the planning body in the discussion. Members pointed out that the size of the Commission and other issues should be discussed later as a separate issue.

Commissioners' comments on merging the PPC and the Commission include the following:

- The current structure doesn't adequately address the needs of prevention and care.
- Unifying the bodies would empower prevention.
- Merging the bodies would be an overwhelming task and impractical.
- The Board of Supervisors would prefer to have one body advising them on HIV issues.
- Merger would not work because of the challenge of representing community diversity on the Commission.
- Completing the tasks assigned to both bodies would be challenging if the bodies merged.
- Additional options for planning body membership should be explored.
- Integrating work from the two bodies would be preferable to merging the bodies.
- The two bodies need to work cooperatively or merge since prevention and care are closely related health and biological issues. Research says the lack of access to health care, for example, affects prevention.
- If the two bodies merged, the bylaws would need to be changed.
- The question of what would happen if one body approved the merger and the other did not.
- Meeting both HRSA and CDC membership requirements would be challenging if the bodies merged.
- Prevention issues wouldn't be given their due priority if the bodies merged.
- Prevention and care issues should be given equal weight.
- The Commission should endorse the concept of a single planning body and work out the details later.

- VIII. **RECONVENING THE WHOLE:** Ms. DeAugustine reconvened the meeting, and the body voted on the motions before them.

MOTION #5A: Endorse the concept of a single planning body in Los Angeles County, responsible for planning and evaluating HIV prevention and care/treatment services. *(Passed: 27 Ayes, 7 Opposed, 1 Abstention).*

MOTION #5A, Amendment #1 (*in italics*): Endorse the concept of a single planning body in Los Angeles County, responsible for *placing equal weight* to planning and evaluating HIV prevention and care/treatment services. (**Passed: 21 Ayes, 7 Opposed, 1 Abstention**).

MOTION #5A, Amendment #2 (*in italics*): Endorse the concept of a single planning body in Los Angeles County, responsible for planning and evaluating HIV prevention and care/treatment services, *and addressing the representation and reflectiveness mandates of CDC and HRSA*. (**Failed: 11 Ayes, 14 Opposed, 4 Abstentions**).

XI. STANDING COMMITTEE REPORTS

STANDARDS OF CARE

Patients Bill of Rights: Dr. Younai presented the Patients Bill of Rights, which was originally forwarded by Being Alive and revised by the Standards of Care Committee. Both Drs. Younai and Jordan, Co-Chairs of the SOC Committee, noted that it had gone through extensive revisions, had been brought before the Commission twice, and there was no more input, after several meetings, that the SOC Committee wished to have.

The following public comments were made:

- **Demetri Moshoyannis, Being Alive:** encouraged passage of the Patients Bill of Rights to ensure that all patients have access to quality care.
- **Walt Senterfitt, Being Alive:** indicated that he spoke with over 1,500 consumers of HIV services in all of the SPAs to determine service quality needs.
- **Julie Coveney:** spoke on the need for contact information when patients wish to file a grievance against HIV service providers.
- **Victor Martinez, HIV+ since 1989:** emphasized that the Patients Bill of Rights is an important educational tool to inform consumers of their rights.
- **John Kirby, Gay and Lesbian Center of Long Beach:** indicated that his organization fully supports the Patients Bill of Rights.
- **Thomas Halstead, with AIDS:** reported that 13,500 people have signed petitions in support of the Patients Bill of Rights.

After all congratulated Being Alive for their work, Mr. Engeran noted that the document should be careful with its tone – not implying that clients cannot be respectful and well-mannered, not making providers accountable for their bad behaviors. He added that the final document should go to Joint Public Policy (JPP) as well as Standards of Care, because JPP would be responsible, in part, for persuading other bodies to adopt it as well. He also expressed concern that however the document is constructed, it needs to have enforcement value. Ms. Broadus added that the standard should be to require providers to post and disseminate the document.

Mr. Lewis commented that the stipulations guarding against abusive and profane language were borne out of real experiences, all be they rare. He added that the stipulation against substance use was a necessity in today's funding and policy arenas.

MOTION #6: Adopt proposed Patients Bill of Rights as minimum standard of HIV care and treatment in the Ryan White CARE Act service delivery network. (**Passed without objection**).

MOTION #6, Amendment #1 (*in italics*): Amend Patients Bill of Rights under F. Patient/Client Responsibilities, #9: ~~Refrain from~~ The use of profanity or abusive or hostile language; threats... *is strictly prohibited*. (**Passed, 21 Ayes, 7 Opposed, 1 Abstention**).

MOTION #6, Amendment #2 (*in italics*): Amend Patients Bill of Rights Commission Communication Routing under #11, Other Specific Instructions, #4: SOC Committee will further discuss with Executive Committee *and Joint Public Policy Committee* if, and how, Patients Bill of Rights should be forwarded to DHS, County and/or Board of Supervisors. (**Passed, 27 Ayes, 0 Opposed, 2 Abstentions**).

PRIORITIES AND PLANNING

Priority- and Allocation Setting: Mr. Land presented the Year 14 HIV/AIDS priority- and allocations-setting process. The Committee was charged with updating Year 13 priorities and allocations for Year 14 with information generated by

the Financial Needs Assessment. He then reviewed the 15-step process for successful priority- and allocation setting, a graphic illustrating the Continuum of Care, and two directives related to the Continuum of Care.

Mr. Hauptert first presented recommendations and related directives for the prioritization of services in the five areas:

- 1) Primary Health Care
- 2) Removal of barriers
- 3) Patient care coordination
- 4) Economic well-being measures
- 5) Enhancement service options.

For the same five priority areas, Mr. Hauptert reviewed recommendations for allocation setting, noting a recommended .5% increase to oral health care and .5% decrease to transportation. Mr. Hauptert then reviewed program support activities comprising costs for capacity building, technical assistance, research and evaluation, and assessment of service delivery patterns. He noted that OAPP currently spends more than \$5,000,000 on activities that could be considered as program support. He then explained the related directive.

Mr. Land then reviewed the Minority Aids Initiative (MAI) definition, goals, providers, indicators, client-level outcomes and recommendations. Finally, Mr. Hauptert reviewed Planning Council Support recommendations.

The following public comments were made:

- Kathy Watt spoke on maintaining funding for substance abuse treatment providers.
- Miki Jackson spoke on funding for outpatient medical services.
- Marcy Fenton spoke on the priority of nutritional counseling.

Commissioners discussed the impact of cutting transportation funding on women and other PLWA. In addition, Commissioners spoke on transportation alternatives for PLWA. Some Commissioners also expressed support for increasing allocations for child care services.

MOTION #8a: Adopt the Los Angeles County HIV/AIDS Continuum of Care, as presented, and the two related directives. *(Passed without objection).*

MOTION #8b: Adopt the recommended prioritization of services, as presented, and the three related directives (number 3 through 5). *(Passed without objection).*

MOTION #8c *(with amendment in italics):* Approve the recommended allocation of total available Title I/II service funding, with modifications as presented. *The Priorities & Planning Committee will draft a directive to utilize appropriate funds to secure technical assistance to improve and maximize cost efficiency in various service categories as highlighted in the Financial Needs Assessment.* *(Passed without objection).*

MOTION #8d: Maintain the current allocation level of 5%, from total available Title I and II funding, for Program Support, and approve the related directive. *(Passed without objection).*

MOTION #8e: After 5% of available MAI funds are deducted for administrative purposes, allocate 79% of available MAI funding to Medical Outpatient services, 14% to Case Management – Psychosocial services, and 2% to Oral Health Care, and approve the related directive, with the following amendment to the directive *(in italics): The Commission will work with OAPP to refine, track and monitor service effectiveness measurement to determine if the goals of MAI are being met at the systems level.* *(Passed without objection).*

MOTION #8f: Maintain the current allocation level of 3.5%, from total available Title I and II funding, for Planning Council Support. *(Passed without objection).*

RECRUITMENT, DIVERSITY AND BYLAWS

Slate of Candidates: After explaining the process for open nominations and candidate evaluation, Mr. Butler reviewed the recommended slate of candidates for approval by the Commission and the Board of Supervisors. The Committee submitted Ruben Acosta and Mark Parra as candidates for nomination contingent upon candidate interviews with the Committee. He noted that the Special Populations (HIV+) seat includes representation of hemophiliacs. In addition, he urged Commissioners whose terms had expired, detailed in the accompanying report, to submit renewal applications.

MOTION #9: Approve the proposed slate of candidates for membership on the Commission on HIV Health Services.
(Passed without objection).

After discussing suggested ordinance changes concerning membership, he reviewed membership requirements, including a table illustrating unaffiliated consumer membership compliance and a table on total HIV+ membership. 24 of the 46 members are HIV+, which is 53% of the body. The Commission should meet legislated unaffiliated consumer and demographic requirements. Mr. Butler then outlined next steps for recruiting, renewing and evaluating candidates, including revising the application for Commission membership.

JOINT PUBLIC POLICY COMMITTEE

Mr. Engeran spoke on drafting a letter to the state and the Governor concerning maintaining funding for viral load resistance testing. The Co-Chairs agreed to work with Joint Public Policy to draft the letter. JPP is also looking at the process for gathering community input on HIV issues, processing the input and briefing the Board of Supervisors.

XVI. ANNOUNCEMENTS:

- Formation of Ad-Hoc Retreat Work Group: Ms. DeAugustine would e-mail Commissioners and interested persons about serving on the Ad-Hoc Retreat Committee.
- Mr. Perry had information about available beds for the transgender population and HIV+ women.
- Mr. Eastman announced the Medical Marijuana Task Force meeting on August 2, 2003 at the Hollywood Ramada Inn.
- Mr. Land announced the L.A. County HIV/AIDS Advocacy Committee would meet July 11, 2003 at 10:00 a.m. at AIDS Service Center in Pasadena.
- Ms. Broadus announced that the Second District Coalition would convene July 14, 2003 from 10:00 a.m. to 12:00 p.m. at 801 W. 70th Street in Los Angeles.

XVII. ADJOURNMENT: The meeting was adjourned at 5:15 p.m.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda.	Without objection	Motion Passes
MOTION #2: Limit individual comment time for duration of meeting to one minute per comment per person.	Ayes: Aguilar, Bailey, Ballesteros, Caranto, DeAugustine, Griggs, Hauptert, Jacobs, Johnson-Heath, Jordan, Land, Lewis, Ma, Mendia, Ortega, Palomo, Perry, Scott, Shockley, Talamantes, Van Vreede, Younai, Zamudio Opposed: Broadus, Butler, Eastman, Engeran, Kaplan, Marte Abstentions: None	Motion Passes: 23 Ayes, 6 Opposed, 0 Abstentions
MOTION #3: Approve June 12, 2003 Meeting Minutes with amendment.	Without objection	Motion Passes
MOTION #4: Approve election of Howard Jacobs as At-Large Member of the Executive Committee.	Without objection	Motion Passes
MOTION #5a: Endorse the concept of a single planning body in Los Angeles County, responsible for planning and evaluating HIV prevention and care services.	Ayes: Bailey, Broadus, Butler, Caranto, DeAugustine, Engeran, Griggs, Hauptert, Jacobs, Jordan, Kaplan, Land, Lewis, Ma, Marte, Palomo, Scott, Schockley, Van Vreede, Younai, Zamudio Opposed: Aguilar, Davis, Eastman, Mendia, Ortega, Perry, Talamantes Abstentions: Ballesteros	Motion Passes: 21 Ayes, 7 Opposed, 1 Abstention
MOTION #5a, Amendment #1 (<i>in italics</i>): Endorse the concept of a single planning body in Los Angeles County, responsible for <i>placing equal weight to</i> planning and evaluating HIV prevention and care/treatment services.	Ayes: Ballesteros, Broadus, Butler, Davis, DeAugustine, Engeran, Griggs, Hauptert, Jacobs, Jordan, Kaplan, Land, Ma, Marte, Mendia, Scott, Shockley, Talamantes, Van Vreede, Younai, Zamudio Opposed: Eastman, Lewis, Palomo, Perry Abstentions: Aguilar, Trone, Caranto	Motion Passes: 21 Ayes, 4 Opposed, 3 Abstentions
MOTION #5a, Amendment #2 (<i>in italics</i>): Endorse the concept of a single planning body in Los Angeles County, responsible for planning and evaluating HIV prevention and care/treatment services, <i>and addressing the representation and reflectiveness mandates of CDC and HRSA.</i>	Ayes: Bailey, DeAugustine, Griggs, Hauptert, Jacobs, Land, Ma, Mendia, Talamantes, Younai, Zamudio Opposed: Ballesteros, Broadus, Davis, Eastman, Engeran, Jordan, Kaplan, Lewis, Marte, Palomo, Perry, Scott, Shockley, Van Vreede Abstentions: Aguilar, Butler, Caranto, Ortega	Motion Fails: 11 Ayes, 14 Opposed, 4 Abstentions
MOTION #6: Adopt proposed Patients Bill of Rights as minimum standard of HIV care.	Without objection	Motion Passes
MOTION #6, Amendment #1 (<i>in italics</i>): Amend Patients Bill of Rights under F. Patient/Client Responsibilities, #9: Refrain from The use of profanity or abusive or hostile language; threats... <i>is strictly prohibited.</i>	Ayes: Aguilar, Bailey, Ballesteros, Broadus, Butler, Caranto, DeAugustine, Eastman, Hauptert, Johnson-Heath, Jordan, Kaplan, Land, Lewis, Ma, Ortega, Schockley, Talamantes, Van Vreede, Younai, Zamudio Opposed: Engeran, Griggs, Jacobs, Marte, Palomo, Perry, Scott Abstentions: Mendia,	Motion Passes: 21 Ayes, 7 Opposed, 1 Abstentions
MOTION #6, Amendment #2 (<i>in italics</i>): Amend Patients Bill of Rights Commission Communication Routing under #11, Other Specific Instructions, #4: SOC Committee will further discuss with Executive Committee <i>and Joint Public Policy Committee</i> if, and how, Patients Bill of Rights should be forwarded to DHS, County and/or Board of	Ayes: Aguilar, Bailey, Ballesteros, Broadus, Caranto, DeAugustine, Eastman, Engeran, Hauptert, Jacobs, Johnson-Heath, Jordan, Kaplan, Land, Lewis, Ma, Marte, Mendia, Ortega, Palomo, Perry, Scott, Schockley, Talamantes, Van Vreede, Younai, Zamudio Opposed: None Abstentions: Butler, Griggs	Motion Passes: 27 Ayes, 0 Opposed, 2 Abstentions

Supervisors.		
MOTION AND VOTING SUMMARY (Continued)		
MOTION #8a: Adopt the Los Angeles County HIV/AIDS Continuum of Care, as presented, and the two related directives.	<i>Without objection</i>	Motion Passes
MOTION #8b: Adopt the recommended prioritization of services, as presented, and the three related directives (numbers 3 through 5).	<i>Without objection</i>	Motion Passes
MOTION #8c (with amendment in italics): Approve the recommended allocation of total available Title I/II service funding, with modifications as presented. <i>The Priorities & Planning Committee will draft a directive to utilize appropriate funds to secure technical assistance to improve and maximize cost efficiency in various service categories as highlighted in the Financial Needs Assessment.</i>	<i>Without objection</i>	Motion Passes
MOTION #8d: Maintain the current allocation level of 5%, from total available Title I funding, for Program Support, and approve the related directive.	<i>Without objection</i>	Motion Passes
MOTION #8e: After 5% of available MAI funds are deducted for administrative purposes, allocate 79% of available MAI funding to Medical Outpatient services, 14% to Case Management – Psychosocial services, and 2% to Oral Health Care, and approve the related directive, with the following amendment to the directive (in italics): <i>The Commission will work with OAPP to refine, track and monitor service effectiveness measurement to determine if the goals of MAI are being met at the systems level.</i>	<i>Without objection</i>	Motion Passes
MOTION #8f: Maintain the current allocation level of 3.5%, from total available Title I funding, for Planning Council Support	<i>Without objection</i>	Motion Passes
MOTION #9: Approve the proposed Slate of candidates for membership on the Commission on HIV Health Services.	<i>Without objection</i>	Motion Passes